

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent No. <b>10/524303</b>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9 <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/>		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: ****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: Adjustment Date: 07/07/2005 PKIDWELL 02/23/2005 SHAJARRO 00000052 170055 10524307 02 FT-1632 500.00 CR		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B